Town of Mendon Parks & Recreation Dept.

Zumba Fitness Classes – Winter 2014 Session 1

Mondays	Wednesdays
Jan. 5th – March 16th • 7:00pm-8:00pm	**Jan 7th – March 11th • 7:30pm-8:30pm**
No Class: 1/19 & 2/16, Make-Up Day: 3/23	*No Class: 2/18, Make-Up Day: 3/18*
Miscoe Hill Middle School Cafeteria	**Clough Elementary School Cafeteria**
148 North Ave.	**10 North Ave.**
Mendon, MA	**Mendon, MA**

Winter Weather Policy: *If Mendon-Upton schools are closed, class will be cancelled. Updates will be posted online and emailed to students.*

NEW!! – REGISTER & PAY ONLINE - Visit: www.mendonma.gov/zumba

Name:_____

Address:_____

(Street) (Town) (State) (Zip)

Phone: _____ Email:_____

NEW! Employees of: MURSD, BVT and Town of Mendon are eligible for Resident prices.

CIRCLE ONE: Mendon Resident ○ Non-Resident ○ MURSD ○ BVT ○ Town of Mendon ○

	Class Options	Price (Resident/Non-Resident)
☐	**Mondays** (9 classes)	$54R / $60NR
☐	**Wednesdays** (9 classes)	$54R / $60NR
☐	**Both Days** (18 Classes)	$99R / $109NR

Parks Dept Use

AMT:$_____

Ck #_____

Punch Cards also available:					
☐	**17 Classes**	$98R / $107NR	☐	**8 Classes**	$53 / $58NR
☐	**16 Classes**	$94R / $100NR	☐	**7 Classes**	$49 / $53NR
☐	**15 Classes**	$90R / $95NR	☐	**6 Classes**	$43 / $47NR
Drop-In's are also welcome at $8/class (both Resident and Non)					

Payment Options: Pay Online, with Cash or Check. *(Please make check payable to: **Town of Mendon**)*
Registrations and payments may be brought to class, dropped off at the Town Hall,
or mailed to: Mendon Parks Department, 20 Main Street, Mendon, MA 01756

If you have any questions, please contact the Parks Department at
508-473-0600 or by email at parkcomm@mendonma.gov

Please note that a minimum number of participants will need to register for the class in order for it to run. Sorry, no refunds are available unless the class is cancelled or full.

Like us on Facebook at:
www.facebook.com/FitnessWithDebClare & www.facebook.com/MendonParks

Name: _____ Date of Birth: _____

Address: _____
(street) (town) (state) (zip)

Email: _____ Phone: _____

Do you have any special needs/medical conditions? YES_____ NO_____

If Yes, Please Explain: _____

Emergency Contact: Name: _____ Telephone:_____

RELEASE OF LIABILITY

1. I am or will be participating in ZUMBA© classes, offered by Debra Fowler Clare through the Town of Mendon. I recognize that ZUMBA© requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that is my responsibility to consult with a physician prior to and regarding my participation in the ZUMBA© Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the ZUMBA© Classes.
3. In consideration of being permitted to participate in ZUMBA© Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the ZUMBA© Classes.
4. In further consideration of being permitted to participate in ZUMBA© Classes, on behalf of myself and my representatives, successors, assigns and any person claiming by, under, through, or in concert with me, I knowingly, voluntarily, unconditionally, irrevocably and expressly give up, remise, waive, release, discharge and covenant to hold harmless Debra Fowler Clare and the Town of Mendon (including its past, present and future departments, boards, employees, officials, agencies, volunteers, representatives, successors, agents, and assigns) from and against any and all actions, claims, demands, damages, causes of action, liabilities, losses, costs (including attorney fees), and injuries of every kind and description, including death, in any way arising out of, in connection with, or incident to, my participation in ZUMBA© classes.
5. I have read the Release of Liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

_____ _____
Signature *Date*

ZUMBA © DANCE FITNESS PROGRAM PARTICIPATION WAIVER